

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/676,924
Applicant : William E. Adams
Filed : October 1, 2003
Title : DOOR HOOK WITH HINGE

Group Art Unit :
Examiner :

Docket No. : 030515

PRELIMINARY AMENDMENT

Pittsburgh, Pennsylvania 15219

November 17, 2003

Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

Sir:

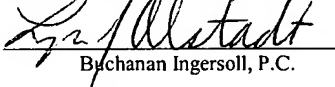
Please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this paper.

Remarks begin on page 11 of this paper.

I hereby certify that this correspondence is
being deposited with the United States
Postal Service as first class mail in an
envelope addressed to: Commissioner for
Patents, P.O. Box 1450, Alexandria,
Virginia 22313-1450 on

this 17th day of November, 2003.


Buchanan Ingersoll, P.C.

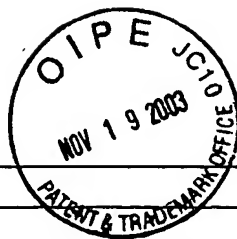
11/21/2003 LWOHDIM1 00000004 10676924

01 FC:2201 43.00 OP
02 FC:2202 27.00 OP

Image

FORM PTO-1083

Case Docket No.: 030515



In re application of: William E. Adams

Serial No.: 10/676,924

Filed: October 1, 2003

For: DOOR HOOK WITH HINGE

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐ No additional fee is required.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE	ADDIT. FEE	OR	ADDIT. RATE	ADDIT. FEE
Total	33	MINUS	30	3	x 9 =	\$ 27	OR	x 18 =	\$
Indep	7	MINUS	6	1	x 43 =	\$ 43	OR	x 86 =	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ 145 =	\$	OR	+ 290 =	\$
					TOTAL ADDIT. FEE		OR	TOTAL	\$

* If entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Please charge my Deposit Account No. 02-4553 the amount of \$_____ A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 70.00 is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-4553. A duplicate copy of this sheet is attached.

☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

☐ Any patent application processing fees under 37 CFR 1.17.

Date: November 17, 2003

Respectfully submitted,

Lynn J. Alstadt

Registration No. 29,362

BUCHANAN INGERSOLL PROFESSIONAL CORPORATION

One Oxford Centre

301 Grant Street, 20th Floor

Pittsburgh, PA 15219-1410

412-562-